



THE STATE BAR OF CALIFORNIA
Office of Special Admissions/Specialization
180 Howard Street · San Francisco, CA 94105-1639
(415) 538-2175 · PTLIS@calbar.ca.gov

FOR OFFICIAL USE ONLY

File No. _____

Practical Training of Law Students Program
Extension of Period of Supervision

1) STUDENT INFORMATION

Student's Name: _____ Certification Number: _____
Address 1 : _____
Address 2 : _____
City: _____ State: _____ Zip: _____ + _____
Work Phone: () - _____ Home Phone: () - _____
E-mail: _____

2) SUPERVISION INFORMATION

This student was previously certified to work w/ _____ (employer), under the supervision of
_____ (Supervising Attorney).

New Expected Period of Supervision: _____ Thru: _____

NOTE: If your Supervising Attorney has changed, you must also submit a new Declaration by Supervising Attorney form.

☐ I have attached a new Declaration by Supervising Attorney Form.

3) SUPERVISING ATTORNEY INFORMATION

Attorney Name: _____
Employer Name: _____
Address: _____
City: _____ State: _____ Zip: _____ + _____
Phone Number: () - _____ State Bar Member Number: _____

4) DECLARATION

I declare under penalty of perjury under the laws of the State of California that the following is true and correct:

- ☐ I have read the Rules Governing the Practical Training of Law Students approved by the Supreme Court of California on June 1, 1997.
- ☐ I meet the requirements of Rules 3.1, 3.2 and 3.3.
- ☐ I shall immediately notify the Office of Special Admissions/Specialization in the event I no longer meet requirements of Rules 3.1, 3.2 or 3.3.
- ☐ I understand the limitations placed upon activities in which I may engage.
- ☐ I have read and am familiar with the Rules of Professional Conduct of the State Bar of California and I will abide by them in the activities permitted by the Rules Governing the Practical Training of Law Students.

Executed On: _____ Signature: _____

Print Name: _____

5) SUBMISSION INFORMATION

Mail Form to:

The State Bar of California
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PTLS Program
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